

# Intervenor Compensation Application

State of Wisconsin  
Public Service Commission of Wisconsin  
P. O. Box 7854  
Madison, WI 53707-7854

**Check One:**      Original Request      Supplemental Request

PSC-2005 (R02/10/99)

(Authorized under s. 196.31 & 196.85, Stats. and ch. PSC 3.)

| <b>Instructions: Submit original and five copies to the Commission and one copy with each of the utilities in the proceeding.</b>                    |                   |                              |     |
|--|-------------------|------------------------------|-----|
| Name of Applicant/Organization   |                   | Case (Docket) Number         |     |
| Federal Identification Number or Social Security Number  |                   | Telephone Number             |     |
| Street   | City              | State                        | Zip |
| <b>ORGANIZATIONAL INFORMATION</b><br><b>Governing Body Members</b>   |                   |                              |     |
| <b>Name and Title</b>  |                   | <b>Address</b>               |     |
| 1.   |                   |                              |     |
| 2.   |                   |                              |     |
| 3.   |                   |                              |     |
| 4.   |                   |                              |     |
| 5.   |                   |                              |     |
| 6.   |                   |                              |     |
| 7.   |                   |                              |     |
| Total Number of Members:   |                   |                              |     |
| <b>GENERAL PURPOSE OF ORGANIZATION</b>   |                   |                              |     |
|  |                   |                              |     |
| <b>FINANCIAL INFORMATION</b>   |                   |                              |     |
| <b>Organization</b>  |                   | <b>Individual</b>            |     |
| Total Revenue Prior Fiscal Year  | \$                | Current Year Income          | \$  |
| Total Expenses Prior Fiscal Year   | \$                | Prior Year Income            | \$  |
| Total Budget Current Fiscal Year   | \$                |                              |     |
| <b>CERTIFICATION OF ELIGIBILITY</b>  |                   |                              |     |
| Applicant by signature agrees to abide by the provisions of ch. PSC 3 and certifies that it meets the eligibility criteria as stated in s. PSC 3.03. |                   |                              |     |
| Name (please print or type)  |                   | Telephone Number & Area Code |     |
| Title  |                   | Date                         |     |
| Signature  |                   |                              |     |
| <b>PSC USE ONLY</b>  |                   |                              |     |
| Date Application Received  | Commission Action |                              |     |
| PSC Assigned IC Number   |                   |                              |     |
| Amount Approved by Commission  |                   |                              |     |
| Date Approved  |                   |                              |     |

## Intervenor Compensation

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### Detailed Instructions for Attachments to Complete the Intervenor Funding Request.

*(To be completed by organization and individuals.)*

File original and five copies of the application with the PSC. File one copy to each utility who is a party in the case.

#### Attachment A: Case-Related Information

1. Provide information about the purpose of the intervention, including a discussion of the issues the applicant plans to address and how they affect the applicant's interest in the proceeding. An explanation is required of the ideas or viewpoints the applicant believes are substantive, novel or significant and why their presentation would contribute to a full and fair determination of the issues.
2. Provide information that demonstrates the ability of the applicant to represent the interests it espouses through the expertise of itself, its consultant and its attorney.
3. Provide information on other formal proceedings in the current fiscal year in which the applicant plans to participate, the source of funds, and the amount of funds needed.

#### Attachment B: Proposed Expenditures

Provide a detailed project budget, with an itemized statement of services and expenses to be funded by the request.

#### Attachment C: Financial Information

1. If organization: (a.) Present a detailed statement of revenues and expenses by program activity including fund raising, education, research, and lobbying for the previous and current fiscal years. (b.) Present a detailed list of current assets and liabilities (balance sheet) that includes any uncommitted funds. (c.) Present the value of non-cash contributions, if any, by the applicant to further the goals of the intervention. (d.) Present the organization's official budget for the current fiscal year, an explanation of which part of that budget will cover expenses related to the proceeding, and an explanation of why some of the applicant's funds cannot be devoted to the proceeding.
2. If person: (a.) Present an annual detailed income statement by source for current and previous year. (b.) Present annual detailed expenses for the current and prior year, i.e., rent or mortgage payments, food, etc. (c.) Present total assets and liabilities, or a balance sheet, i.e., mortgages, cars, savings bonds, investments and mortgages, loans, credit cards, etc. (d.) The value of non-cash contributions, if any, made by the applicant to further the goals of the intervention. (e.) Present a statement that explains why the applicant is unable to use the excess of assets over liabilities to cover the costs of participating.
3. For organizations with gross annual revenues in excess of \$30,000, present a description of job duties of paid and unpaid staff in relation to the program activities of the organization.